

FILED MAY 20 1944

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4229

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Della Brown

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 27 1865  
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 14 If less than one day  
hr. min.

9. Birthplace Anderson Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

12. Name Lorenzo Dow Brown

13. Birthplace Madison County Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Harlan

15. Birthplace Hancock County Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Morrow

(b) Address 6600 Washington Blvd.

17. (a) Removal (b) Date thereof 5-11-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Watseka, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 11 1944 (Date received local registrar)

J. F. Brundage (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL"  
(d) Street No. 6600 Washington Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11  
year 1944 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of right hip  
Anterior when she fell while getting out of bed at the Christian  
Due to old Falls Home 6600 Washington  
ave on 4-12-44 about 3 PM.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 4-12-44

(c) Where did injury occur? St. Louis, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Albert H. Hoppe (M. D. or other)

Address 4700 Washington Blvd. Date signed 5/11/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Albert G. Kopper*

Licensed Embalmer No. *2921*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**